

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 012394	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/29/2014
NAME OF PROVIDER OR SUPPLIER SUGAR GROVE SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 5865 SUGAR LN PLAINFIELD, IN 46168		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint #IN00145309.</p> <p>Complaint #IN00145309- Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: July 28 & 29, 2014</p> <p>Facility number: 012394 Provider number: 012394 AIM number: n/a</p> <p>Survey team: Michelle Carter, RN</p> <p>Census bed type: Residential- 113 Total- 113</p> <p>Census payor type: Other- 113 Total- 113</p> <p>Sample- 10</p> <p>Sugar Grove Senior Living was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint #IN00145309.</p> <p>Quality Review 07/30/14 by Lisa McColly</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE